

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS698IMR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2009
NAME OF PROVIDER OR SUPPLIER DESERT DEVELOPMENTAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1391 S. JONES BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
W 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of an off site complaint investigation conducted on 8/10/09 and finalized on 10/28/09, in accordance with Nevada Administrative Code, Chapter 449, Intermediate Care Facilities.</p> <p>Complaint #NV00022412 was substantiated with deficiencies cited. (See Tag W155).</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	W 000		
W 155 SS=G	<p>449.719 HEALTH SERVICES</p> <p>Section 40 1. A facility must provide health services which assure that each resident receives treatments, medications, diets and other health services as prescribed and planned, all hours of each day.</p> <p>This Regulation is not met as evidenced by:</p>	W 155		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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W 155	<p>Continued From page 1</p> <p>Surveyor: 23119</p> <p>Based on record review and interview the facility failed to ensure a client noted to be at a high risk for constipation was monitored for constipation to prevent a fecal impaction (Client #1).</p> <p>Findings include:</p> <p>Record review revealed Client #1 had a history of chronic constipation. His diet was high fiber with double entree, no milk products, lactose free products only, no cheese, and no yogurt. His medications included Calcium Carbonate and Robinul, both with possible adverse reactions of constipation.</p> <p>On 2/28/09 a medical information sharing memo documented the dose of Robinul was increased and to "Please monitor (Client #1) closely and inform nursing if the following are observed:</p> <p>Dry skin, mouth & eyes Constipation QT Prolongation (abnormal EKG) Increase risk of heat stroke Drowsiness Blurred vision Urinary retention</p> <p>Review of the laxative and BM record for Client #1 revealed the following documentation:</p> <p>"3/12/09 Times one day shift, times two PM shift, small, small, small 3/13/09 Times four PM shift, small, small 3/14/09 Times three, medium soft 3/15/09 Times two day shift, small 3/16/09 Times one day shift, times four PM shift. Smears, small and medium 3/17/09 no documentation 3/18/09 Zero day shift, times two PM shift, small 3/19/09 Times two PM shift, small x's 2</p>	W 155		

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W 155	<p>Continued From page 2</p> <p>3/20/09 Times one day shift, times two PM shift, small soft, small"</p> <p>Review of the nursing documentation revealed Client #1 was transferred to an acute care hospital on 3/20/09 for an episode of weakness and two episodes of vomiting. One emesis was light brown liquid thought to be a cola he drank earlier and one was dark coffee-ground emesis.</p> <p>On 8/12/09 the Service Coordinator was interviewed. She remembered that Client #1 had watery stools prior to his hospitalization.</p> <p>Review of the acute care hospital record revealed Client #1 had an exploratory laparotomy, left colectomy with transverse colostomy and Hartmann pouch. Review of the procedure note detailed "the entire colon was in fact filled with stool, as were portions of the small bowel. The splenic flexure and descending colon were dilated as well and were very, very redundant.... it was found that the sigmoid, as well as the rectum was extremely dilated up to between 12 and 14 centimeters, and were extremely firm and filled with stool."</p> <p>Severity: 3 Scope: 1</p>	W 155			

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